

Iowa Department of Human Services

REVIEW REQUEST ACKNOWLEDGMENT

To:

Date: _____

From:

Child Support Recovery Unit

Telephone: _____

Case Number: _____

Court Order Number: _____

County: _____

Obligee: _____

Obligor: _____

Third Party: _____

The Child Support Recovery Unit (CSRU) received your Request for Review and Adjustment of Child Support and took the following action:

Because you requested a review of a support order entered in a state other than Iowa and Iowa does not have authority to modify that order, your request has been will be forwarded to the child support recovery agency in the state that has modification jurisdiction. That agency is responsible for conducting the review and seeking an adjustment of the order, if appropriate. This includes sending notices of the intended review to all parties. Prior to contacting this office, please allow the other state adequate time to process your request. Please complete and return the enclosed documents.

You requested a review of a support order entered in Iowa, Iowa no longer has jurisdiction to modify this order. Your request has been will be forwarded to the child support recovery agency in a state that has modification jurisdiction. That agency is responsible for conducting the review and seeking an adjustment of the order, if appropriate. This includes sending notices of the intended review to all parties. Prior to contacting this office, please allow the other state adequate time to process your request. Please complete and return the enclosed documents.

Although the Unit makes no formal determination, the _____ order entered in _____ County, Docket Number _____, on _____ is the presumed controlling order. The Unit does not have jurisdiction to modify the controlling order.

Since we are unable to locate the other person at this time, the review process will be postponed until that person is located. Once that person is located, we will continue the process and will inform you of the status of the review and of information we need in order to proceed. If you have additional information that may help the CSRU locate the other person, please contact the CSRU office.

Your request for review has been denied because the order is not 24 months old.it has not been 24 months since the last review, adjustment, private modification, or interstate modification.there is a private modification pending.there is an interstate modification action pending.one or both of the parents (and/or the third party) are barred from review because of a previous withdrawal.the person requesting asked to withdraw prior to the service of the Notice of Intent.the person requesting is not eligible to request a review. _____

_____ the end date is less than 12 months in the future.there is no open obligation.the youngest child is over17 1/2 years of age

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and support ends at age '18.'the case is not open.the case has been redirected.the case is a Good Cause case.the obligee has claimed good cause, unable to proceed.

If you have questions about this notice or about the review and adjustment process, please contact the CSRU office.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, color, creed, sex, age, physical or mental disability, religion, national origin, or political belief. If you have reason to believe you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services (IDHS) by completing a Discrimination Complaint form. Any IDHS office, institution, or the IDHS Office of Equal Opportunity can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently BECAUSE OF your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

IOWA DEPARTMENT OF HUMAN SERVICES
Office of Equal Opportunity
Hoover State Office Building
Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION
211 E Maple St 2nd Fl
Des Moines IA 50309-1858

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Civil Rights Region VII
601 E 12th St Room 248
Kansas City MO 64106

Sent to:
